

CERTIFICATE OF REDOMESTICATION
INSURANCE COMPANY REDOMESTICATION FROM CONNECTICUT
Office of the Secretary of the State
30 Trinity Street / P.O. Box 150470 / Hartford, CT 06115-0470 / Rev. 10/01/2004

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Filing Fee: \$50.00

1. NAME OF CONNECTICUT INSURANCE COMPANY:

2. STATE TO WHICH THE INSURANCE COMPANY IS REDOMESTICATING: _____

3. APPROVALS:

The corporation's redomestication was approved by the Insurance Commissioner of the State of Connecticut as demonstrated by such Commissioner's Certificate of Approval included herewith.

The corporation's redomestication from Connecticut was further approved by the Insurance Commissioner of the State of _____.
(State to which corporation is redomesticating)

4. VOTE INFORMATION: (check and complete A. or B.)

_____ **A.** The insurance company has authority to issue capital stock. The resolution of redomestication was adopted by its board of directors and approved by its shareholders as follows (provide at minimum the total number of shareholder votes cast in favor of the resolution and the total number of votes cast against the resolution or, if no shareholder approval was required, provide a statement to that effect):

_____ **B.** The corporation is a mutual insurance company. The resolution of redomestication was adopted by its board of directors and approved by its members as follows (provide at minimum the total number of member votes cast in favor of the resolution and the total number of votes cast against the resolution or, if no membership approval was required, provide a statement to that effect):

5. EXECUTION:

Signed this _____ day of _____, 20_____.

Print or type name of signatory	Capacity of signatory	Signature